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NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS



Breast cancer treatment

A better way to check the lymph nodes

Lymph nodes are small glands in the underarms and many other places in the body. If you have breast cancer, your doctor will usually check the underarm lymph nodes.

Most breast cancer is invasive. This means that it can spread. The doctor checks the lymph nodes in the underarm to find out if the cancer has spread and to plan what treatment is needed after surgery.

There are two kinds of surgery to check lymph nodes.

The surgeon can remove many lymph nodes or a few important nodes. The smaller surgery is usually the best choice. Here's why:

- **Axillary lymph node dissection (ALND):** In the past, doctors usually removed 12 to 15 lymph nodes from the armpit. This can cause serious and long-lasting side effects.
- **Sentinel lymph node biopsy (SLNB):** This is a simpler, newer surgery. The surgeon removes a few "sentinel" nodes. If there is cancer in the lymph nodes, the sentinel are the first to be involved.



If there's no cancer in the sentinel nodes, it is very unlikely that other underarm nodes have cancer. You can avoid the pain and risks of the bigger surgery.

Usually, SLNB is the better choice.

Doctors usually recommend the smaller surgery if:

- You have early-stage breast cancer.
- And your lymph nodes do not feel too large or look suspicious in a physical exam or ultrasound.

Most women do not have cancer in their lymph nodes. The smaller SLNB helps them avoid the pain and risks of the bigger surgery.

Even if a few cancer cells are found, many women can still avoid ALND.

Taking out many nodes (ALND) has more risks.

Risks and side effects of ALND include:

- A condition called lymphedema. This is much more likely with ALND. It causes pain and swelling in the arm. It can be severe. It can be treated, but not cured.
- Limited movement in the arm and shoulder (“frozen” shoulder).
- Numbness of skin on upper arm.
- A rope-like scar in the underarm area. The scar can limit motion. You may need physical therapy.
- Increased risk of infection in the arm.

ALND costs more.

For ALND, you often need to stay overnight in the hospital. If you get lymphedema, you may have more costs for doctor visits, physical therapy, and other treatments.

SLNB is done in an outpatient surgery center.

So when is ALND needed?

You might need it

- If the tumor is more than two inches across.
- If a physical exam finds that the lymph nodes are larger than normal. You might need a needle biopsy first to check if the large nodes have cancer.
- If SLNB finds more than a few cancer cells.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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Advice from Consumer Reports

Surgery for breast cancer

A more invasive surgery is more serious and has more risks. Many women choose invasive surgery because they feel rushed and scared. Consider getting a second opinion.

Lumpectomy—less invasive.

This removes the tumor and some normal tissue.

- This spares most of the breast. It leaves a smaller scar. You don’t need to wear a false breast or have surgery to rebuild the breast.
- You usually need several weeks of daily radiation treatments.
- It is just as effective as mastectomy for most women with early-stage breast cancer.
- It is also the best choice if you have limited “ductal carcinoma in situ” (DCIS). With DCIS, the cancer cells stay inside the breast ducts and are not likely to spread.

Simple mastectomy—more invasive.

With this, the entire breast is removed.

- This may be needed if the tumor is larger or there are several areas of cancer in the breast. You usually don’t need radiation.
- Losing a breast is very hard for some women. But a surgeon can use artificial implants or tissue from other parts of your body to rebuild your breast. This is called reconstructive surgery.

Prophylactic mastectomy—most invasive.

With this, the healthy breast is removed along with the breast with cancer.

- This is rarely needed. The chance of getting cancer in the healthy breast is usually very low.
- You might need this surgery if you have high genetic risk.
- Some women choose this surgery to avoid the risk of having a second cancer in the other breast.

